ANNUAL REPORT 2015-2016

Saskatoon Health Region

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Letter of Transmittal from the Chair

Honourable Dustin Duncan, Minister of Health
Room 302, Legislative Building
2405 Legislative Drive
Regina SK S4S 0B3

Dear Minister Duncan,

The Saskatoon Regional Health Authority is pleased to provide you and the residents of Saskatoon Health Region with its 2015-16 annual report. This report provides audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2016.

This past year, Saskatoon Health Region took an innovative, focused approach to making breakthrough improvements, focusing on specific areas such as patient flow and safety for 90 days at a time. *Better Every Day* and *Safer Every Day* showed how great things can happen when everyone in the Region is pulling in the same direction at the same time.

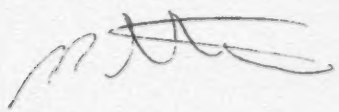
Out of those 90-day cycles, the Region has developed a way of checking the pulse of the organization on a daily basis through improved lines of communication from frontline staff through to senior leaders, and a predictive model which anticipates surges in demand with great accuracy. The Safety Alert System has been expanded to all three hospitals in Saskatoon, allowing patients, staff and families to report safety incidents quickly and easily, and ensuring senior leaders are informed of major incidents.

In September, main building construction of the Children's Hospital of Saskatchewan (CHS) began, and just a few months later, repairs to the Royal University Hospital Parkade got underway. It's a lot of activity in one area, but in the end, we will end up with a brand new children's hospital with new adult and pediatric emergency departments and a parkade that's safe and sound.

Financially, the Region has been under increased pressure in the past year, and demand for our service has increased. We continue to practice stewardship with our funding, despite the stress on our system.

As a board, we are very proud of the success the Region has achieved this year. I commend the hard work and dedication that Saskatoon Health Region's staff and physicians demonstrate every day. This is an amazing organization to be part of; the leadership, staff and physicians in this Region are clearly committed to continuous improvement and providing the highest quality care. This will never change.

Respectfully submitted,



Mike Stensrud
Chair, Saskatoon Regional Health Authority

Message from the President and CEO

Pioneering. Stimulating. Demanding. That's what the past year has been for Saskatoon Health Region.

We began the 2015-16 fiscal year focusing on improving patient flow and safety during our innovative 90-day cycles of improvement. We called them *Better Every Day* and *Safer Every Day*. These 90-day cycles, the first of their kind, were meant to tackle issues that are both decades old and system wide, and at the same time, help the Region take some financial steps forward.

Through these cycles, we, as a Region, were able to accelerate many initiatives. We enhanced care for our patients, clients, residents, and families. We improved work environments for employees. Advances we made during these cycles of improvement mean we are able to forecast and prepare for the demands in the months ahead with greater accuracy, putting us miles ahead of where we were before.

While our Region undertook these and many other initiatives, their benefit was not fully realized by the end of our fiscal year, resulting in a lag between implementation and results. As one example, to focus on better teams, we successfully piloted the assignment of consistent centralized scheduling support, human resources support, and quality improvement staff directly on the healthcare unit in what is referred to as our *cellular model* for local team development. Prior to the cellular model, nursing managers, who are clinical experts, were spending most of their time on administrative tasks rather than on direct patient and family contact and problem solving with staff. And, for most nursing managers, support was only available through an ever changing centralized staff who the manager didn't know and who did not know each other. Early outcomes after implementation of the cellular model have included:

- more clinical leadership on the floor, improving support for care staff
- improved relationships (creation of true teams)
- targeted support by a consistent team to the specific needs of the work unit
- optimal scheduling of care staff, and lower costs through reduced overtime
- increased satisfaction of clinical managers and nursing staff
- staff have more access to their manager, and their clinical managers can now concentrate on what they are experts in, which is patient and family care, and support/problem solving with their point of care staff

The success of cellular design has led to its expansion from three pilot units to 11 and to the planned deployment to every unit across the Region.

Financially, the Region faced another challenging year in 2015-16. In December 2015, the monthly gap between revenue and expenditures was 4.5 per cent. This meant we faced a potential deficit of $52 million by the end of the fiscal year on March 31.

I had to step away from the Region for the last few months of the fiscal year due to personal health issues. But the Region was left in the capable hands of Interim President and CEO Andrew Will, who was appointed by the Saskatoon Regional Health Authority. I thank Andrew for his

careful guidance of the Region during his time here, and our leaders who helped him with his efforts to continue to put the Region's finances on a more stable footing.

The financial sustainability strategy which was developed over January and February 2016 helped bridge the gap between revenues and expenditures. Measures were put in place to reduce paid hours. Early planning was done ahead of surges in demand so overtime costs could be contained. We are grateful to the Ministry of Health for providing one-time funding of $10 million to help alleviate some of our financial pressure. This funding, available as a result of the Ministry of Health's own measures to restrain spending, coupled with our other initiatives, resulted in a year-end deficit of $35.7 million.

More work needs to be done to further stabilize our financial situation, but I am confident it will continue to improve into 2016-17.

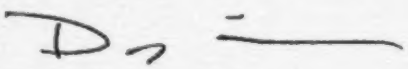
We have faced a number of challenges, a number of hurdles in the past year. But our goal is the same – to improve every day, and to work together to support each other in providing exceptional and safe care to patients, clients, residents and their families.

We have made great strides along our journey to becoming the best place for care, the best place to work, and the most innovative place in creating optimal health for the people of Saskatchewan. That's something to celebrate.

As a Region we had a lot to celebrate in the past year. In addition to all the improvement work done on patient flow and safety, construction of the main building of the Children's Hospital of Saskatchewan began in September after the contract was awarded to Graham Construction and Engineering in August. At the same time, a new $24.9 million funding commitment was made by the Children's Hospital Foundation of Saskatchewan (CHFS) that expands its total capital fundraising campaign for CHS from $50 million to $74.9 million.

This step taken by CHFS is one example of the depth of commitment each of our hospital foundations has to our facilities, and the impact their efforts and the generosity of the community can have on how we deliver health care here in Saskatoon Health Region. Humboldt District Hospital Foundation, Royal University Hospital Foundation, St. Paul's Hospital Foundation and the Saskatoon City Hospital Foundation together contributed a total of $7.5 million to our Region in 2015-16. The foundations work tirelessly to raise funds for equipment, furnishings, programs and capital projects within the Region, and we truly appreciate everything you do.

I'm very proud of the work done by Saskatoon Health Region in the past year. And I'm very excited about what the future holds for this organization and its employees.



Dan Florizone
President and CEO, Saskatoon Health Region

Introduction

Saskatoon Regional Health Authority (SRHA) continues to stride forward toward our vision: Healthiest People, healthiest Communities, Exceptional Service – this is our commitment to our patients, clients and their families, our staff and to ourselves.

The annual report presents the Saskatoon Health Region's activities and results for the fiscal year ending March 31, 2016. It reports on public commitments made and other key accomplishments of the SRHA. Results are provided on our publicly committed strategies, actions and performance measures as identified in the strategic plan. The 2015-16 annual report provides an opportunity to assess the accomplishments, results, lessons learned, and to identify how to build on past successes for the benefit of the people in Saskatoon Health Region.

Saskatoon Health Region acknowledges our responsibility to ensure the accuracy and reliability of this report. In order to ensure the highest standard of reporting, the Region has:

- confirmed all data with the relevant process owners
- requested information and data from the Region's Strategic Health information & Performance Support (SHIPS) department; prior to releasing the data, SHIPS confirms the information with the senior leadership team
- once all the data is compiled and the report is written, it is brought back to the senior leadership team for approval; when approval is given the report is presented to the Saskatoon Regional Health Authority for final approval prior to the final printed version being sent to the Ministry of Health

The Region has an accountability agreement with the Ministry of Health. The accountability is the Region's commitment to the provincial hoshin kanri plan. Hoshin kanri aims to involve staff from all levels of participating organizations in identifying the vital few priorities for the system, using current data as a guide for decision making. The intention is to focus on and finish the work in these key areas and then move on to the next set of priorities in future years. This sequencing allows for breakthrough achievement over a short time, rather than a slow and inconsistent improvement over a long time, as there are fewer areas to focus on at once. Foundational to the development of this plan are the Premier's priorities for 2015-16, the Ministers' priorities and the input from the health regions in the province.

The 2015-16 annual report includes:

- Alignment with strategic directions: how the Region aligns its mission, vision, values, strategic directions and goals with the provincial strategic plan
- Regional Health Authority overview: the overview describes, at a high level, what the board does and who its key partners are
- Progress in 2015-16: the Region's key activities, accomplishments and outcomes in 2015-16 along with progress made towards the province's goals of better health, better care, better value and better teams.
- 2015-16 Financial Overview: the financial overview compares 2015-16 financial information to budget

- Management Report: this section reflects management's responsibility for the representations made in the financial statements and the financial information in the annual report

Saskatoon Health Region Overview

Saskatoon Health Region is:

- the largest health region in the province serving about 350,000 local residents in more than 100 cities, towns, villages, rural municipalities and First Nation communities
- a provincial referral centre providing specialized care to thousands of people across Saskatchewan
- an integrated health delivery agency providing a comprehensive range of services and programs including but not limited to hospital and long term care, public health and home care, mental health and addiction services, prenatal and palliative care
- an organization providing services and programs in more than 74 facilities, including nine hospitals (including three tertiary hospitals in Saskatoon), 33 long term care homes and numerous primary health care sites, public health centres, mental health and addiction centres and community based settings
- the largest employer in the province with 14,462 employees including 1,103 physicians and 3,397 nurses
- about 2,000 health science student placements
- 153 new research studies and 402 ongoing research studies
- supported by more than 690 registered volunteers
- a Region with the geographical area of 34,120 square kilometers and a perimeter of 1,296 continuous kilometres

Saskatoon Health Region is an accredited health organization through Accreditation Canada, a national non-profit organization. The accreditation process is continuous, with key activities and milestones taking place over a four year cycle. This includes an external survey visit by accreditation surveyors, post survey interim report to Accreditation Canada throughout the cycle and mid-term consultation.

Senior Leadership Team

Dan Florizone, President and Chief Executive Officer

Dan Florizone became President and Chief Executive Officer of Saskatoon Health Region on January 5, 2015. Raised in Prince Albert, Saskatchewan, he earned a Bachelor of Commerce (with Honours in Health Care Administration) from the University of Saskatchewan and a Master of Business Administration from the University of Regina.

Dan has amassed 25 years of Saskatchewan healthcare experience and served as Saskatchewan Deputy Health Minister (2008-2013), CEO of the Five Hills Health Region (2003 to 2008), CEO for Moose Jaw-Thunder Creek Health District, the South-East Health District (Estevan and area), CEO Canora-Invermay-Norquay, and CEO of Wilkie Union Hospital. He has also been Chair of Saskatchewan's Health Quality Council and served on the board of the Canadian Patient Safety Institute and Mental Health Commission of Canada.

During his career, he led the amalgamation of multiple organizations into a single health district and the reformulation of districts into the current region-based structure. His work surrounding patient and family centred care established the blueprint for provincial healthcare transformation, including the introduction of the Lean-based Saskatchewan Health Care Management System and the launch of the Saskatchewan Surgical Initiative, an aggressive waitlist reduction initiative focusing on quality care and patient safety.

Most recently, Dan was Saskatchewan's Deputy Minister of Education, where he also introduced Lean management across education and government, and Deputy Minister Responsible for Lean. He is currently a faculty member with the Johnson-Shoyama Graduate School of Public Policy.

In 2008, Dan received the Institute of Public Administration of Canada-Saskatchewan Lieutenant Governor's Gold Medal Award, and in 2011, the Excellence through Evidence Award from the Canadian Foundation for Healthcare Improvement (CFHI).

Sandra Blevins, Vice President, Integrated Health Services

Sandra Blevins is celebrating 30 years of experience in health care in Saskatoon, with over 20 years in leadership roles. She has had the privilege to work with many staff, physicians and leaders within the Region, having held vice president roles in community care, quality, risk and safety, facilities, information technology and eHealth, clinical and operations supports. This experience makes her a strong proponent for the value of always remaining focused on the patient and working together to provide the best experience and outcome. She has had opportunity to serve on various provincial and national committees and boards, most recently holding a board position on the Canadian Home Care Association. As an active member of the Canadian College of Health Leaders she continues to develop her professional practice. Sandra is passionate about encouraging major change and quality improvements that improve the care and service experience as well as ensuring a safe work environment for all staff. A Registered Nurse with a BScN from the University of Saskatchewan and a Masters in Business Administration from Athabasca University, Sandra has been a Certified Lean Leader since February 7, 2014.

Nilesh Kavia, Vice President, Finance and Corporate Services

Nilesh Kavia began his role as Vice President Finance and Corporate Services in August 2011. Prior to coming to Saskatchewan, Nilesh was Vice President, Financial Planning and Business Advisory Services for Alberta Health Services in Calgary, Alberta. Nilesh has more than 20 years of experience in finance, both in the public and private sectors in various roles including internal audit, business development, risk management, procurement, treasury, financial reporting and financial planning. Nilesh began his career in health care in 2000 as Director, Budgeting with Calgary Health Region. His also has private sector experience with TransAlta Corporation, Direct Energy and Amoco Canada. Nilesh graduated in 1990 from the University of Saskatchewan with a Bachelor of Commerce and obtained his Masters in Business Administration from the University of Calgary in 1995. He has been a Certified Management Accountant since 1993, a Certified Professional Coach since 2011 and a Certified Lean Leader since January 31, 2014.

Jackie Mann, Vice President, Integrated Health Services

In April 2007, Jackie Mann began her role, as Vice President Integrated Health Services. Over the past 20 years Jackie has held several roles with increasing scope throughout acute care in Saskatoon, including staff Nurse, Manager, Director and Executive Director. Jackie is a University of Saskatchewan graduate with a Bachelor of Science in Nursing as well as a Masters in Business Administration. Throughout her career Jackie has taken a keen interest in quality improvement initiatives as well as a focus on how to place patients at the centre of care. In 2007 Jackie received the Muriel Jarvis Award, a peer nominated award in recognition of 'Making a Positive Difference' in her role in the Saskatoon Health Region. Jackie is a surveyor with Accreditation Canada and has been a Certified Lean Leader since April 25, 2014.

Dr. Petrina McGrath, Vice President, People, Practice and Quality

Petrina McGrath joined the Region from the University Health Network (UHN) in Toronto, where she served as Director of Nursing since 2004. In this role, she co-led numerous patient safety initiatives and led UHN's Patient Centred Care strategy. Her previous roles include Clinical Nurse Specialist for palliative care and professional practice leader/educator for the medical/radiation oncology program at Sunnybrook and Women's College Health Centre as well as general nursing in Toronto and Saudi Arabia. Petrina received her Bachelor of Science in Nursing at the University of Saskatchewan and her Masters of Nursing at the University of Toronto. She completed doctoral studies at the Fielding Graduate University in Santa Barbara, California in 2014. Petrina has been a Certified Lean Leader since April 30, 2013.

Jean Morrison, President and Chief Executive Officer, St. Paul's Hospital

Jean Morrison has over 25 years of experience in health. She has held diverse senior positions in the Saskatchewan healthcare system, including the position of Vice President of Performance Excellence and Chief Nursing Officer, Saskatoon Health Region, prior to becoming President and CEO of St. Paul's Hospital. Ms. Morrison also serves on the Board of Directors for a number of provincial and national organizations, including the Saskatchewan Institute of Applied Science and Technology, and Accreditation Canada. Jean's path to St. Paul's followed a rewarding career in nursing, nurse management and chief executive officer positions. With a degree in Nursing from the University of Saskatchewan, and both a Master's of Nursing and a Master's of Health Services Administration from Dalhousie University, Halifax. Jean has worked in a variety of roles and settings in the health system - as a special care aide in a long term care facility; as a registered nurse in a hospital in Saskatoon; as a public health nurse in rural Saskatchewan; and as a health administrator in Nunavut, rural Saskatchewan and Saskatoon. Jean brings an in depth knowledge and appreciation for the unique shared governance and management partnership between St. Paul's Hospital Board of Directors and the Saskatoon Regional Health Authority, and a deep commitment to the contributions that faith-based healthcare brings to the Regional and provincial healthcare system. Jean has been a Certified Lean Leader since April 25, 2014.

Dr. Cory Neudorf, Chief Medical Health Officer

Dr. Cory Neudorf has been working as a Medical Health Officer in Saskatoon since 1994. He started as a faculty member at the University of Saskatchewan, working as Associate Director of Northern Medical Services, and then became Deputy Medical Health Officer in the area of communicable disease control and population health for the Saskatoon District in 1996. He has held various leadership roles in public health at the national level including: President of the Public Health Physicians of Canada, Chair of the Canadian Public Health Association, and Chair of the Canadian Population Health Initiative Council. He is the current President of the Urban Public Health Network. Dr. Neudorf is an Associate Professor in the Department of Community Health and Epidemiology at the University of Saskatchewan, College of Medicine. His research interests include health inequalities, health status indicators and surveys, health status monitoring and reporting, and integrating population health data and geographic information systems into public health and health planning. Dr. Neudorf is a Certified Lean Leader since April 25, 2014.

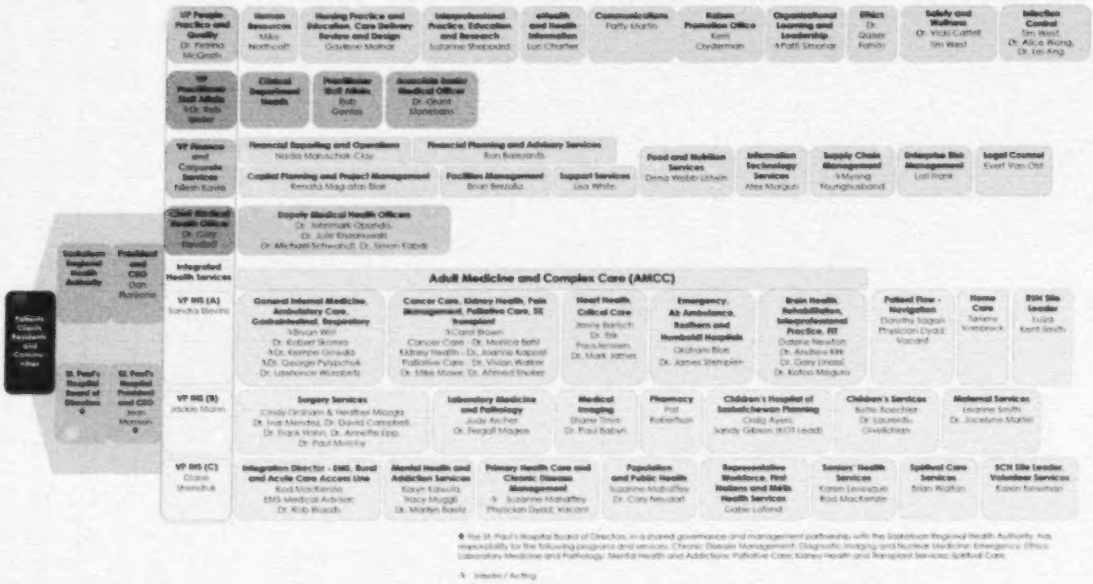
Diane Shendruk, Vice President, Integrated Health Services

Diane Shendruk began her role as Vice President of Integrated Health Services in August 2015, serving first in an interim basis before accepting the position permanently. A registered nurse, she has 24 years of experience working for Saskatoon Health Region. Throughout her career, she has improved quality of care, safety and access to acute and community-based services for patients in urban and rural settings. Among her many accomplishments, she pioneered the development of an integrated team-based approach to kidney disease and diabetes, partnered with northern regional health authorities to bring home hemodialysis to Saskatchewan, and improved service through the Saskatchewan Transplant Program to increase donor and transplant rates across the province. Diane has been a Certified Lean Leader since November 2014.

Dr. Rob Weiler, Vice President, Practitioner Staff Affairs

Dr. Rob Weiler obtained his medical degree from the University of Saskatchewan College of Medicine and holds certification and fellowship from the Royal college of Physicians and Surgeons of Canada in Anesthesiology. He also completed the Master of Public Health at the University of Saskatchewan in 2013. He trained in Saskatoon and Vancouver and for over 21 years provided service at St. Paul's Hospital's intensive care unit. He continues to work part time in Anesthesia. Rob believes it's important to link acute care needs and community health services and is interested in working toward an integrated, sustainable health system. *NOTE: Dr. Weiler served as Vice President, Practitioner Affairs till March 31, 2016. Dr. Geroge Pylypchuk was appointed Vice President, Practitioner Affairs April 1, 2016.*

Organizational Structure



Saskatoon Regional Health Authority Overview

Saskatoon Health Region is governed by the Saskatoon Regional Health Authority board of directors. The board members are appointed by the Minister of Health.

Michael Stensrud, Chairperson

Michael Stensrud is president and general manager of Miners Construction Co. Ltd., and has a long history of board volunteerism with community-based organizations that provide supports for those in our community with intellectual and/or physical challenges. He currently serves on the board of directors for Cosmopolitan Industries, and is secretary-treasurer of Airline Resorts and Hotels.

Megan Rumbold, Vice Chairperson

Megan Rumbold of Kuroki owns and operates a grain farm and independent seed retail operation. Megan dedicates her time to several local community and provincial initiatives. One of her latest projects was serving on the committee of the first Habitat for Humanity women's build for Regina. From 2009 to 2011, she worked in communications and issues management for the Minister of Health. Megan believes the most important person in the health care system is the patient; coordinating an organization specifically for the patient and promoting a culture of patient-centered care is vital to a successful health care system.

Gary Beaudin

Gary Beaudin of Saskatoon is the Director of Health and Social Development with Whitecap Dakota First Nation. Previously, he was employed with Greater Saskatoon Catholic Schools where he managed the social pediatrics services in St. Mary's Wellness and Education Centre, and the Saskatoon Health Region as a consultant for Addictions and Mental Health and Public Health Services in the area of health disparity research. Gary also worked for the Saskatoon Tribal Council (STC) as the first Executive Director of White Buffalo Youth Lodge and program Coordinator at the STC Family Centre. Gary's previous board work includes being a past board member with the Community Health Services Association, Saskatoon Health Region Ethics Committee, Saskatoon French School Society, Big Brothers/Big Sisters and Saskatoon Crisis Intervention Services. Gary has a sociology degree from the University of Saskatchewan.

Michael Couros

Michael Couros is a Senior Associate with Independent Financial Services as well as a partner with IFS Benefits Consulting. Over the years he has worked with, helped raise money for and has held positions with numerous non-profit organizations such as Saskatoon Folkfest and the Saskatoon City Hospital Foundation.

Garry Derenoski

Garry Derenoski is the Founder and acting CEO of Bridges Health. He has over 35 years' experience in the healthcare field, including bodily injury insurance, health and wellness services, human resources, preventative healthcare management, vocational counselling, and short and long term disability management. He is a Chartered Insurance Professional as well as a Registered Rehabilitation Professional. Garry has a long history of volunteerism, previously serving as two term National President of the Vocational Rehabilitation Association of Canada (VRA). Garry also served on the board for SARBI (Saskatchewan Association for the Rehabilitation of the Brain Injured).

Randy Donauer

Randy Donauer of Saskatoon is currently the director of Helps Ministry and a deacon at the Saskatoon Christian Centre Church. He is also owner/director of Boat Safe Saskatoon. Previously, Randy was a supervisor with the Citizenship and Immigration office in Saskatoon. Randy is an executive member of the Saskatoon Mayor's Prayer Breakfast Committee. For several years, Randy was a coach with the Saskatoon Minor Basketball Association.

Malcolm Eaton

Malcolm and his wife Carol live in Humboldt and have raised a family of five children in the community over the past 25 years. In 2006, Malcolm retired after a 34 year career as a teacher and school principal. He continues to teach part-time in the industrial arts program at the Humboldt Collegiate. Malcolm is currently the Mayor of Humboldt. He was first elected to Humboldt City Council in 2003 and became the Mayor in 2006. Living in the community for over 25 years and raising a family has allowed Malcolm the opportunity to be involved in a wide range of community groups, events and activities. These include school activities, minor sports groups, church activities, cultural and recreational programs, and community development projects.

Sophie Ferre

Sophie is a lawyer with Peszko & Watson in Saskatoon and maintains a general practice. She is an active member of the francophone community and has served on a number of boards for organizations which provide community services. From 2008 to 2010, Sophie worked as a ministerial assistant to the Minister of Health.

Frank Lukowich

Frank Lukowich of Saskatoon works as an investment advisor. He has a Bachelor of Arts from the University of Saskatchewan and two diplomas from the Dale Carnegie Training Program.

Ghislaine McLeod

Ghislaine McLeod is the owner of Capital G Communications in Saskatoon. Ms. McLeod brings over 20 years of experience in organizational communication, in both the public and private sector. She provides clients with strategic counsel on communications planning, strategy, issues management, fundraising and employee engagement. Ms. McLeod earned a Bachelor of Arts degree from the University of Saskatchewan, a public relations diploma from Mount Royal College and a Masters degree in business administration from Royal Roads University. Born and raised in Saskatoon, Ghislaine has worked with many organizations and business that make our city a vibrant place to live and work. She currently sits on the board of HelpOne, a local charity, and is an active volunteer with minor sports in the community.

Bobbylynn Stewart

Bobbylynn Stewart is the vice president and a partner at Breck Scaffold Solutions, a Saskatoon based company with operations primarily in the mining industry. Previously, she worked in the healthcare sector as an operational leader and consultant in the areas of privacy, access, and compliance. Bobbylynn has a keen interest in ethics and held a seat on the Saskatoon Health Region Ethics Committee and the Saskatoon Health Region/Saskatchewan Cancer Agency Joint Ethics Committee in several capacities, including committee chair, from 2007 to 2015. She is active in the community and enjoys serving as a volunteer on several local fundraising initiatives and committees. Bobbylynn holds a Master's in Business Administration and is a graduate of the University of Alberta's Information Access and Protection of Privacy (IAPP) program. She feels privileged to play an active role in supporting the Region on its journey of continuous improvement and patient-centered care.

Glenn Wig

Glenn Wig is President and CEO of the Aquifer Group of Companies, which includes Wig's Pumps and Waterworks, Flo-essence Plumbing, Hearth and Decor along with Aquifer Distribution Ltd. He had served on the board of Saskatoon City Hospital Foundation for 11 years, including two years as chair. He was also the chair of Saskatoon City Hospital Foundation's Black Tie Bingo for six years. He is currently an active member in the Saskatoon Downtown Men's Progress Club and sits on their national board as a National Vice President of the Great Plains Region. He and his wife Jodi were both born and raised in Saskatoon and have two adult children.

For information on board members, visit
https://www.saskatoonhealthregion.ca/about/Pages/Governance.aspx

Committees

The operation of Saskatoon Regional Health Authority was supported by seven Authority committees and one council during 2015-16:

- Executive Committee
- Audit, Finance and Risk Committee
- Human Resources Committee
- Partnership Committee
- Policy and Governance Committee
- Quality and Safety Committee
- Stakeholder Relations Committee
- Practitioner Liaison Council

Each committee included three or more members of the board and had terms of reference defined in board policy.

Roles of the Committees

Executive Committee: Serves in a facilitative role to provide support to the Chair and the Authority; exists to deal with exceptional circumstances facing the Saskatoon Health Region.

Audit, Finance and Risk Committee: This is a joint committee of the Saskatoon Regional Health Authority and the St. Paul's Hospital Board of Directors that assists the boards in carrying out their governance roles related to audit, finance and risk management throughout the Region. The committee oversees the financial reporting process, business risk process and adequacy of internal controls, relationships with external and internal auditors, financial compliance issues, the internal audit function and major risks inherent to the business, facilities and strategic directions. The committee also ensures management has effective systems of internal control, facilitates the audit function and helps board members meet their Audit, Finance and Risk responsibilities.

Human Resources Committee: This committee provides oversight and ensures compatibility between the Saskatoon Health Region Strategic Development Plan and Region human resources strategies. This committee also assists the board in evaluating the performance of the President and Chief Executive Officer of the Saskatoon Health Region.

Partnership Committee: This joint committee of the Saskatoon Regional Health Authority and the St. Paul's Hospital Board assists the two boards in carrying out their governance roles and enhances the effectiveness of the Partnership Agreement between the two.

Policy and Governance Committee: This committee leads the biennial review of the board's governance charter, identifying revisions when needed and reviews new policies brought forward by other board committees. The committee monitors and reviews board performance and conducts an annual, formal board evaluation. Responsibilities also include ensuring the skills matrix is completed and reviewed on an annual basis. The committee helps facilitate the education and professional development of the board and its members and leads the board in addressing Accreditation Canada governance requirements.

Quality and Safety Committee: This joint committee of the Saskatoon Regional Health Authority and the St. Paul's Hospital Board assists the two boards in carrying out their governance role related to quality of care, a culture of safety and ethics throughout the Region. Dimensions of quality to be addressed by the committee include accessibility, equity, client centeredness, efficiency, effectiveness, safety and competency.

Stakeholder Relations Committee: This committee ensures positive external stakeholder relations and ongoing assessment and analysis of effective stakeholder engagement in relation to policy and strategy for the organization.

Practitioner Liaison Council: This committee serves as a liaison between the Saskatoon Regional Health Authority and the respective regional practitioner association and seeks, in a spirit of cooperation, to maintain and improve the provision of health services in the health region.

Transparency

The board invites all members of the public to its monthly board meetings in the interest of transparency, and responds to questions from the community and the media.

Saskatoon Regional Health Authority is responsible for maintaining and enhancing public confidence in the healthcare system and in the Region. This is done in a variety of ways, from ensuring timely access to quality services and being sound stewards of financial resources, to the holding of regular public meetings.

During 2015-16, the Saskatoon Regional Health Authority continued to take actions that support public transparency of its operations, including: posting notice of Authority meetings; issuing media advisories on board meetings and agendas; posting meeting minutes and information; holding regular business meetings in public; reporting on board activities; issuing media releases for key announcements; and being responsive to media requests for information that are directed to informing the public. The board's governance charter, which details roles, responsibilities, functions and structures can be found at:
https://www.saskatoonhealthregion.ca/about/Pages/Governance.aspx

Quick Facts

Descriptive Indicators	**2015-16**
Primary Care	
Home Care - Number of Discrete Clients Seen	13,071
Home Care - Total Visits Nursing	306,024
Healthline (RN & MH Queues) - Registered (Answered) Call Volumes	19,257
Healthline (RN & MH Queues) - Registered Patient Volumes	27,336
Ambulance Calls / Responses	43,371
Acute Care	
Emergency Department Visits (Urban & Rural)	157,856
Inpatient Discharges (Urban & Rural)	49,779
Newborns (Urban & Rural)	5,651
Adult & Child Patient Days (Urban & Rural)	326,196
Newborn Patient Days (Excludes transfers in) (Urban & Rural)	18,295
Average Daily Census (Urban Only)	853
Proxy Average Length of Stay (in Days) (Urban Only)	7.6
Diagnostic/Specific Procedures	
Number of Hip Replacements	1,001
Number of Knee Replacements	1,253
Cataract Surgery	3,940
Operating Room Inpatient (Urban & Humboldt)	37,184
MRI Exams	22,563
CT Exams	31,721
PET Exams (Patients)	1,199
Lab Tests	10,401,696
HIV Tests Administered	3,795
Seniors' Health and Continuing Care	
Number of Long Term Care Beds	2253
Mental Health & Addiction Services	
Inpatient Discharges (Dubé Centre Acute Care)	1,165
Population and Public Health	
Immunizations (All Types)	146,311

Demographics and Geography

The make-up and distribution of the province's population provides some insight into the pressures that the health system can anticipate over the next few years.

Population continues to grow in Saskatchewan – In January 2015 the province's population was 1,132,640 which was 1.56 per cent higher over January 2014. In terms of age distribution, the population of seniors (65 years of age and over) in Saskatchewan was around 162,900 and the population of children (newborns through to 14 years of age) was around 213,000. The increase in the population of seniors has the effect of anticipated corresponding increase in demand for all types of healthcare services – as this is the point in life where individuals consume greater amounts of healthcare.

The population being services by the Saskatoon Health Region is nearly 256,000 people in the city of Saskatoon and over 93,000 in the rural areas.

Affiliates and Key Partner Organizations

The following is the list of Saskatoon Health Region's affiliate partners:

St. Paul's Hospital (Grey Nuns) of Saskatoon
Bethany Pioneer Village Inc.
Circle Drive Special Care Home Inc.
Duck Lake and District Nursing Home Inc.
Jubilee Residences Inc. (Stensrud Lodge)
Jubilee Residences Inc. (Porteous Lodge)
Lakeview Pioneer Lodge Inc.
Luther Care Communities (Lutheran Sunset Home)
Mennonite Nursing Home Inc.
Oliver Lodge
Saskatoon Convalescent Home
Sherbrooke Community Society Inc. (Central Haven Special Care Home)
Sherbrooke Community Society Inc. (Sherbrooke Community Centre)
Spruce Manor Special Care Home Inc.
St. Ann's Senior Citizens Village Corporation
St. Joseph's Home for the Aged
Strasbourg and District Health Centre
Sunnyside Adventist Care Centre
Warman Mennonite Special Care Home Inc.

Prescribed healthcare organizations (HCOs) and third parties providing health services include:

Autism Treatment Services of Saskatchewan Inc.
Canadian Mental Health Association
Central Urban Métis Federation (1993) Inc.
Cosmopolitan Industries Ltd.
Community Health Services (Saskatoon) Association Ltd.
Crocus Cooperative
Elmwood Residence Inc.
Humboldt and District Ambulance Service
Langham Senior Citizens' Home
Lanigan and District Ambulance Association
Lighthouse Supported Living Inc.
M.D. Ambulance Care Ltd.
Midway Ambulance Care Ltd.
Preston Nursing Home, Saskatoon of Extendicare (Canada) Inc.
Quill Plains Ambulance Care Ltd.
Rosthern and District Ambulance Service
Samaritan Place Corp.
Saskatoon Infectious Disease Care Network Corp.
Saskatoon Council on Aging Inc.
Saskatoon Crisis Intervention Services Inc.
Saskatoon Housing Coalition, Inc.
Saskatoon Services for Seniors
Saskatoon Police Service
Saskatoon Tribal Council Urban First Nation Services Inc.
Shamrock Ambulance Care Inc.
Strasbourg Ambulance Service
Student Wellness Initiative Toward Community Health
The Saskatoon Downtown Youth Centre, Inc.
Wakaw Ambulance Service

Saskatoon Health Region's Strategic Plan

In 2015-16, the Saskatoon Health Region launched two 90-day hoshins (breakthrough initiatives) focusing on patient plow and safety. Throughout the fiscal year, the region maintained its focus on safety, patient flow and financial sustainability along with other major projects such as the Children's Hospital of Saskatchewan.

On March 12, 2015 Saskatoon Health Region set out on an ambitious patient-first journey. Through *90 Days of Innovation: Ready Every Day*, the Region focused all of its attention and

efforts on resolving a single problem: to be ready to serve the community by providing people with the right care in the right place at the right time.

The Region aimed high, setting targets to create an exceptional patient experience, including: no patients receiving care in a temporary setting; no patients waiting for a specialty bed or for a transfer to another hospital closer to where they live; no patients waiting in acute care for placement in long-term care or for other community services; and, no patients waiting in emergency who could have been cared for more appropriately elsewhere.

On September 15, Saskatoon Health Region launched its second 90-day initiative, *Safer Every Day*, dedicated to safety. For the next three months, staff and physicians devoted themselves to creating and implementing breakthrough safety approaches, based on data and evidence gathered over the summer months during a preparation period.

The ultimate goal was set to eliminate preventable harm by 2020. Safer Every Day was the first phase of our strategy to help us achieve this goal. The safety of our patients, residents, clients and staff was and is our number one priority.

In December 2015, the monthly gap between revenue and expenditures was 4.5 per cent and we faced a potential $52 million deficit by the end of the fiscal year on March 31. The Saskatoon Health Region embarked on a financial sustainability strategy to bridge this gap; this strategy was developed over January and February of 2016. Measures were put into place to reduce paid hours (the hours for which an employee is paid, including worked time, plus sick time, vacation, statutory holidays, leaves, etc.) which were up over three per cent in the 2015-16 fiscal year. We planned ahead for surges in demand so that the overtime costs could be contained. The Ministry of Health provided one-time funding of $10 million to help alleviate financial pressure. This funding, available as a result of the Ministry of Health's own measures to restrain spending, coupled with our other initiatives, resulted in a year-end deficit of $35.7 million.

Financial Results

For the 2015-2016 fiscal year Saskatoon Health Region received revenues of $1.205 billion and incurred expenses of $1.241 billion resulting in an operating deficit of $35.66 million (2014-2015: $20.09 million deficit). This is equivalent to 2.87 percent of overall expenditures or approximately 10.5 days of operations. Overall, $1.113 billion or 92.3 percent of operating funding was provided by the Ministry of Health.

The $1.241 billion in operating expenses averaged to $3.39 million per day to meet the health needs of the community. These costs were distributed as follows:

- $838 million or 68 percent was spent on providing services to patients and residents in our facilities
- $158 million or 13 percent spent on community-based, primary health, home care, population health and mental health services
- $155 million or 12 percent on operational support services (such as laboratory, diagnostic imaging and pharmacy services)
- $90 million or 7 percent on support and ancillary services (such as parking and retail food services).

Children's Hospital of Saskatchewan

Children's Hospital of Saskatchewan construction will be nearing completion in early 2019. The main funder of the new hospital is the Province of Saskatchewan, who will be providing $235.5 million for the $285.2 million project. In addition, a major contribution is coming from the Children's Hospital Foundation of Saskatchewan through an additional $25 million campaign commitment above its initial commitment of $50 million for state-of-the-art equipment, furnishings and family-centred enhancements.

Apart from the construction activity, there has been a great deal of work in preparing for the opening day of the hospital. A diverse group of healthcare practitioners teamed up to begin to design how patients, families, providers, supplies and equipment, will move through the new building.

During a week-long improvement event in March 2016, one group of Region staff initiated the design of the processes within the new induction rooms, which is where a child will undergo general anesthesia. Another group of staff began tackling how operating room supplies will be managed and stored in the hospital. The group determined which items would be available in the pass-through cupboards from the operating room core to the operating room, the process for restocking the supplies, and began to consider how the supply rooms located off the operating rooms will be organized to maximize efficiency and minimize wasted time searching for equipment and supplies.

The groups simulated patients moving all the way from registration through to being received in the recovery room. Assessing how patients move through the surgery department supported the projected volumes for pediatric surgeries.

Surgery

A new information system at Saskatoon Health Region's three city hospitals and affiliated surgical centres helps families know the exact location where their loved one is at all times. The families and friends view of a new patient tracking system is now displayed on monitors in all operating room and day surgery waiting rooms throughout Saskatoon. It's part of the Surgical Information System (SIS) OR Manager program, which was implemented at Saskatoon facilities – which manage 35 operating rooms daily – starting in September 2014.

In order to protect their privacy, each patient is given a unique code upon registering which he or she can then share with family and friends. Patient names aren't listed on the monitor in the waiting rooms. Looking for this patient identifier code allows loved ones to see patients as they move through the various stages and rooms related to surgery, from preoperative, to surgery, to recovery, and into a bed.

The view is in real time for the surgical patients' families so people know exactly where their loved one is as soon as they are relocated. This leaves out guesswork, which means less worry for family member.

The family view of is just one view of several in the Patient Tracking system. There are different screens for registration, preoperative, and other surgical areas; each of those screens includes

the pertinent functional information depending on the care that the surgical patient requires. Each patient location is represented by a colour, so it's clear at a glance where the patient is.

The system also allows staff to reschedule patients quickly – if someone scheduled for a surgery at a certain time is late, and the system shows another patient who was scheduled later is ready to go, they can move cases around so operating room time is not wasted.

Better Health

Better Health Strategy

The *Better Health* strategy is to improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

2015-16 health system priorities include:

- By 2017, people living with chronic conditions will experience better health as indicated by a 30 per cent decrease in hospital utilization related to six common chronic conditions (diabetes, coronary artery disease, chronic obstructive pulmonary disorder, depression, congestive heart failure and asthma)
- By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change
- By March 2019, there will be increased access to quality mental health and addiction services and reduced wait time for outpatient and psychiatry services

Five-year improvement targets include:

- By March 2017, there will be a 50 per cent improvement in the number of people who say, "I can access my primary healthcare team for care on my day of choice either in person, on the phone or via other technology"
- By March 31, 2020, 80 per cent of patients with six common chronic conditions (diabetes, coronary artery disease, chronic obstructive pulmonary disease, depression, congestive heart failure and asthma) are receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records
- By March 31, 2016, meet triage benchmarks for outpatient mental health and addictions services 85 per cent of the time
- By March 31, 2017, meet triage benchmarks for outpatient mental health and addictions services 100 per cent of the time
- By March 31, 2016, a defined, staged implementation plan for the Mental Health and Addictions Action Plan is developed

There are currently 25 primary health care sites in *Saskatoon Health Region. Each site consists of* an interdisciplinary team that has a unique mix of health professionals based on community need.

Site Name	Active Clients*	Discrete Clients who presented for care**	Appointments completed***
Borden	1149	476	3027
Community Nurse Practitioner Sites (Including Oskayak, Nutana, White Buffalo Youth Lodge, Mount Royal)	1970	811	1625
Cudworth/Wakaw	2838	1821	7128
Delisle	1133	653	2292
Duck Lake Beardy's	1087	342	657
Primary Health Centre South East	1249	742	3011
Strasbourg	3262	1673	7063
Wadena	2981	1806	5789
West Winds	9868	4983	41,988
Whitecap Dakota First Nations	532	245	1011
Wynyard	7252	3432	11,290
Health Bus	2278	1795	2511
Watrous	3655	2794	8246

* Active clients: a count of all active clients' charts assigned to each primary health team/site

** Discrete clients who presented for care: a count of all clients who presented for an appointment with a member of primary health team during the 2015-16 fiscal year

*** Appointments completed: the total number of appointments completed by all primary health team members in the 2015-16 fiscal year. Note this may include lab visits, foot care, pharmacy education, physician, NP, etc.

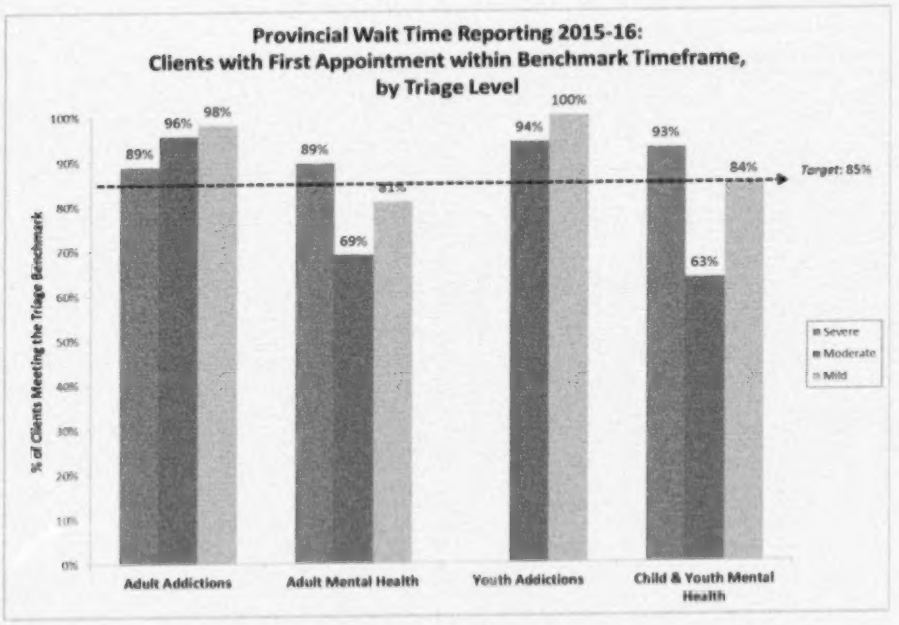
Community Strategies

Through *90 Days of Innovation: Ready Every Day*, the Region focused on areas such as patient flow, information and decision support and also community strategies. Some major achievements of the community strategies team at the end of the 90-day initiative include:

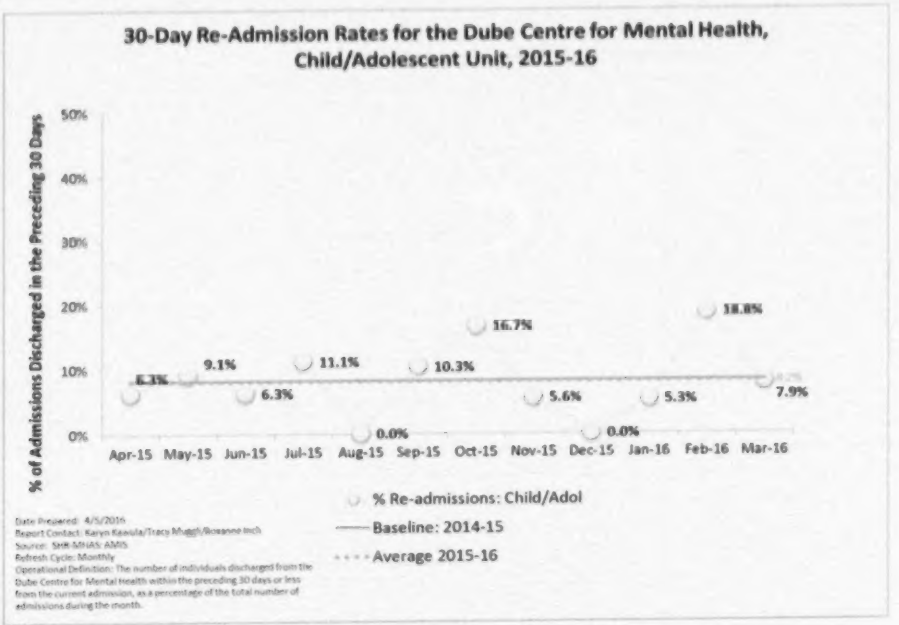
- launched a six-month pilot at the Lighthouse, a community-based organization, that included: an increase in mental health beds from nine to 17 and in mental health support staff hours to 24/7; the addition of a full-time addictions counselor, special care aid and nurse practitioner; an increase in stabilization unit hours to 24/7; new onsite paramedic services 12 hours a day, seven days a week; and an increase in mobile outreach services from six to 16 hours a day
- opened 25 additional mental health approved home living spaces (MHAH); decreased the number of Dubé Centre patients waiting for MHAHs from an average of 14 to one; decreased the average number of days patients wait for discharge from the Dubé Centre from 31.25 days to 26.1 days; and decreased the number of clients waiting in the community for MHAHs from 18 to nine

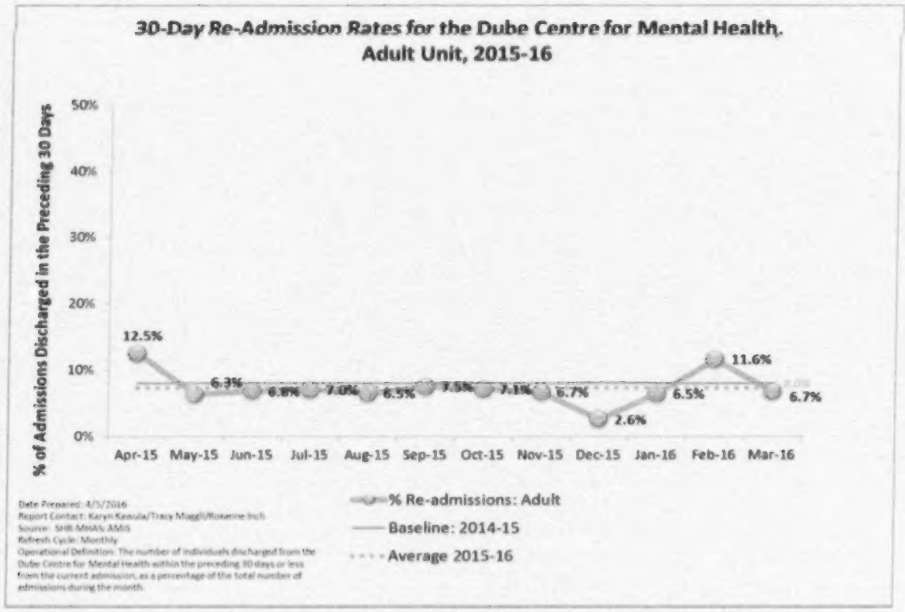
- Shirley Skelton Manor now has on-site case management support seven days per week, eight hours per day and commissionaire support seven days per week, 12 hours per day, as well as counseling, group work and the opportunity for clients to receive assistance to improve their daily living skills
- expanded mental health transition team hours to include evenings and weekends, reducing the number of patients readmitted within 30 days of discharge from the Dubé Centre for Mental Health from 12.5 per cent to 6.5 per cent
- during the first two months of the six month community para-medicine pilot, a total of 15 calls were received from two homes, allowing 67 per cent of residents to be treated in their home and avoid the emergency department; the pilot is now in four long-term care sites and one personal care home
- the Region is now able to collect data that provides information on: the number of patients who no longer require the intensity of care a hospital provides and can transition back into the community to receive support; where these patients are located in hospital; and the service they require in the community (e.g., long-term or personal care home, home care, therapies, palliative home care and respite care)
- Sanctum HIV hospice and therapy opened in fall 2015
- the Direct Client Funding program, which provides approved clients with monthly funding to hire services to provide for their care needs at home, was scheduled to expand its clientele from 40 to 75 by March 2016
- during the 90-day cycle, the team engaged a total of 1,521 stakeholders, including patients and families, staff and physicians
- work began to develop a personal care home website to assist clients and their families in choosing a home

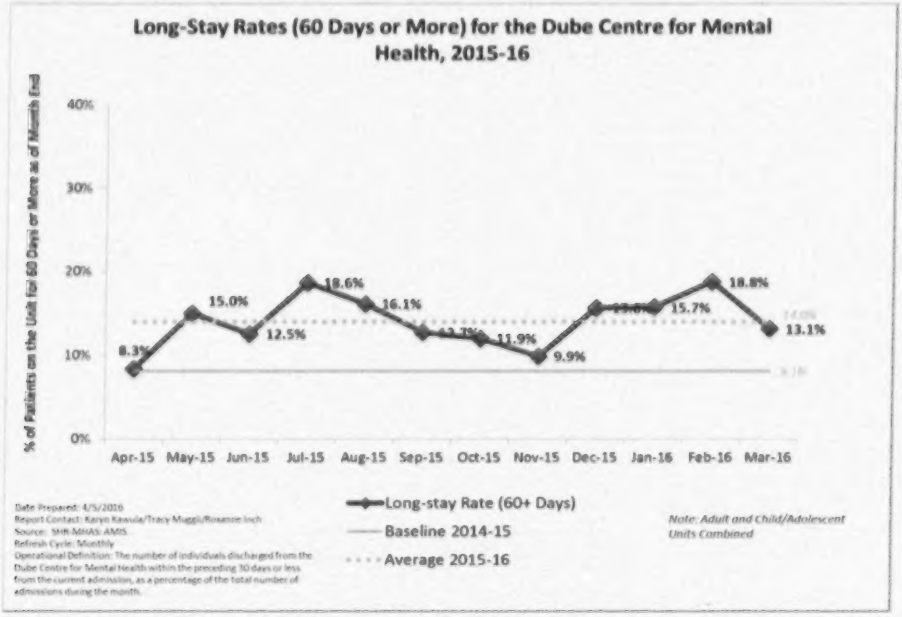
Wait Times



Following are re-admission rates at the Dubé Centre for Mental Health in Saskatoon:




30-Day Re-Admission Rates for the Dube Centre for Mental Health, Adult Unit, 2015-16
% of Admissions Discharged in the Preceding 30 Days
50%
40%
30%
20%
10%
0%
12.5%
6.3%
6.8%
7.0%
6.5%
7.5%
7.1%
6.7%
2.6%
6.5%
11.6%
6.7%
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16
% Re-admissions: Adult
Baseline: 2014-15
Average 2015-16
Date Prepared: 4/5/2016
Report Contact: Karyn Kawula/Tracy Muggli/Roxanne Inch
Source: SHR-MHAS-AMIS
Refresh Cycle: Monthly
Operational Definition: The number of individuals discharged from the Dube Centre for Mental Health within the preceding 30 days or less from the current admission, as a percentage of the total number of admissions during the month.


Long-Stay Rates (60 Days or More) for the Dube Centre for Mental Health, 2015-16
% of Patients on the Unit for 60 Days or More as of Month End
40%
30%
20%
10%
0%
8.3%
15.0%
12.5%
18.6%
16.1%
11.9%
9.9%
15.7%
18.8%
13.1%
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16
Long-stay Rate (60+ Days)
Baseline 2014-15
Average 2015-16
Note: Adult and Child/Adolescent Units Combined
Date Prepared: 4/5/2016
Report Contact: Karyn Kawula/Tracy Muggli/Roxanne Inch
Source: SHR-MHAS-AMIS
Refresh Cycle: Monthly
Operational Definition: The number of individuals discharged from the Dube Centre for Mental Health within the preceding 30 days or less from the current admission, as a percentage of the total number of admissions during the month.

Better Care

Better Care Strategy

The Better Care strategy, in partnership with patients and families, is to improve the individual experience, achieve timely access and continuously improve healthcare safety.

The 2015-16 health system priorities include:

- To improve access, by March 31, 2016, meet triage benchmarks for waits to see contract and salaried psychiatrists 50 per cent of the time, and triage benchmarks for outpatient mental health and addiction services 85 per cent of the time
- By March 31, 2016, 90 per cent of patients waiting for an inpatient bed (from the time a decision is made to admit, to actual admission) will wait 17.5 hours or less

The 2015-16 health system outcome is that by March 31, 2019, there will be a 60 per cent reduction in Emergency Department wait times.

Five-year improvement targets include:

- By March 2019 there will be zero shoulder and back injuries
- By March 31, 2016, the length of stay in the emergency department for 90 per cent of admitted patients will 22.3 hours or less (from the time a patient arrives in emergency to the time they are admitted to a bed)
- By March 31, 2016, the length of stay in the emergency department for 90 per cent of non-admitted patients will be 5.9 hours or less

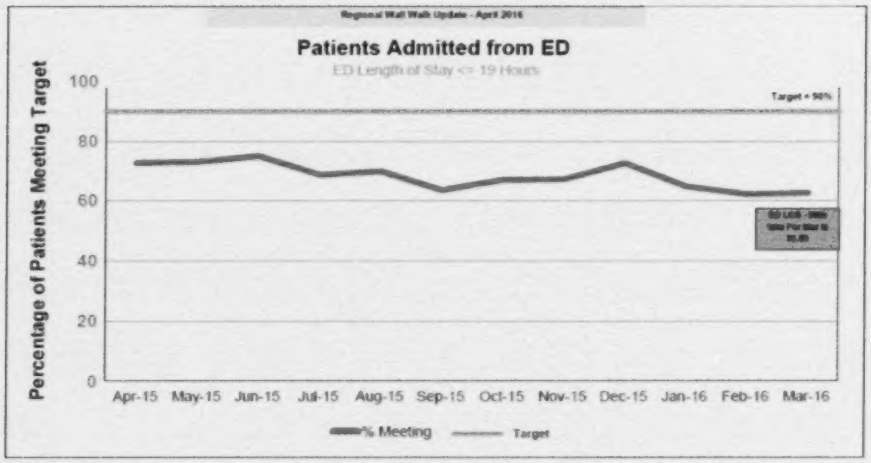
Transitions of Care

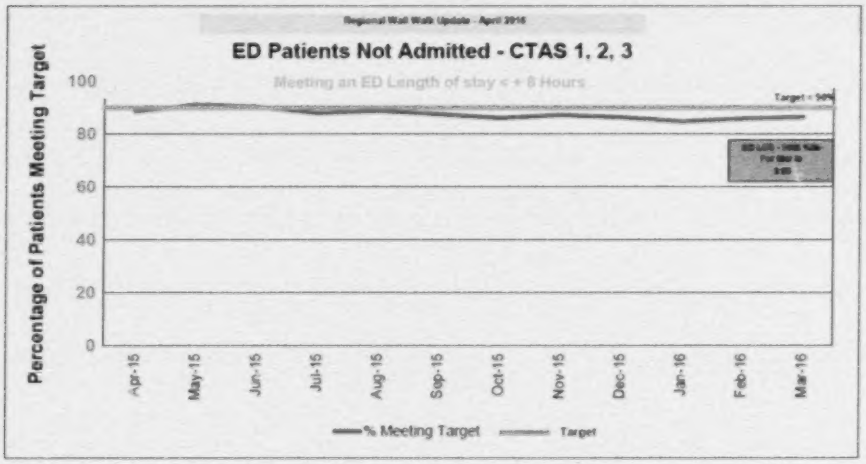
Through *90 Days of Innovation: Ready Every Day,* the region undertook initiatives to eliminate overcapacity and to ensure an environment where the flow of care progresses as the patient requires and all resources are aligned to support this care progression – transitions are planned and well executed.

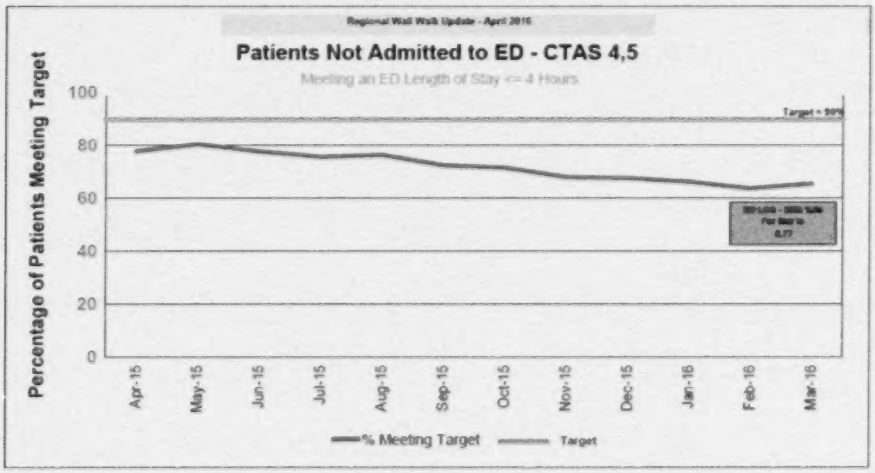
There were three teams, focusing on community strategies; transitions of care; and information and decision support. Major achievements / findings of the transitions of care team, at the end of the 90-day initiative include:

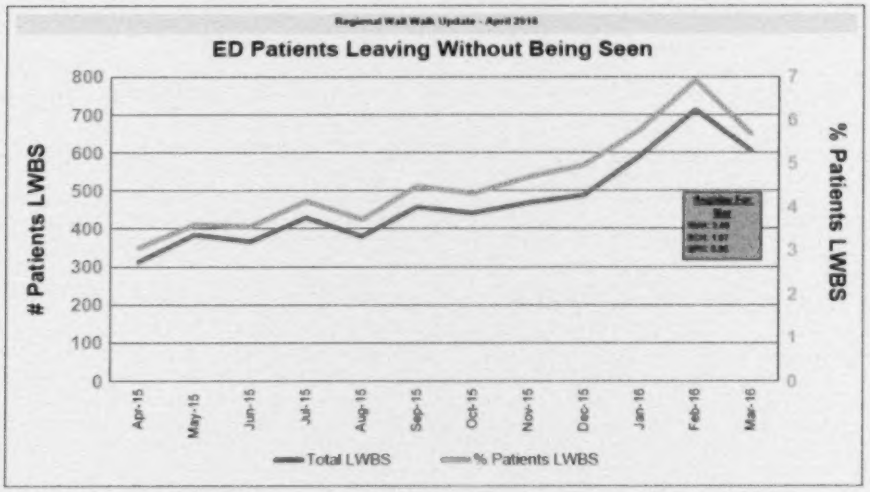
- Telemetry beds: The main issue with telemetry beds was that telemetry packs weren't always available when a patient required them and there were no standard guidelines for telemetry monitoring. The team implemented new telemetry orders with clear guidelines at Royal University Hospital and they plan to replicate this to St. Paul's Hospital. Further, two new telemetry packs will be in service at Royal University Hospital this summer.
- Observation beds: It can take 38 minutes off a staff member's time to care for that patient. As well, it will take an average of three patient transfers to create an observation bed. The team was able to work with nursing staff and physicians to develop a care order for "Specific Patient Monitoring Needs" on the Royal University Hospital surgery unit so that a patient could be cared for in any bed and not just an observation bed.

- Isolation beds: The team worked with stakeholders to focus on providing appropriate isolation and infection precautions to meet patient care needs in a safe and timely manner.
- Acute Stroke Unit: The team operationalized a four-bed hyper-acute stroke unit and an additional 12 beds dedicated for stroke patients on Royal University Hospital 6300 to provide stroke care that meets best practice guidelines. We also set a goal to reduce the length of stay for a patient who has had a stroke. For the first two weeks of operation, lengths of stays in the stroke unit have been under the average length of stay. The Royal University Hospital Foundation committed funds for the needed equipment.
- Physicians and residents: When physicians and residents are travelling to up to nine different locations or units to care for patients, it can significantly decrease the quality and progression of care for the patient. By geographically co-locating the Clinical Teaching Unit's (CTU) Blue Team (group of residents), we decreased the locations of their patients from six areas in May to only three areas in June and decreased the amount of inpatient transfers. By using a Patient Status at a Glance (PSAG) board at every nursing station, the CTU team has improved their communication between team members as well as with patients and families. A new paging system has been developed where residents can receive pages and information by text and a physician compact is in its final stages of development. The dedication of a pharmacist to the Blue Team has shown significant improvement in medication management which also improves patient safety.
- Medical Resonance Imaging (MRI): In MRI, the team used an electronic whiteboard for daily visual management and to see any patient's status at a glance. The board is updated by the team and is visible to the units. The team also implemented daily rounding with neurologists and radiologists where they meet every morning at the whiteboard and triage patients appropriately. In doing this, there has been a 33 per cent improvement in patients waiting for an MRI for over 24 hours. Similar whiteboards have been implemented at all three MRI sites.
- Interventional lab: There has been a 100 per cent improvement in communication to units in regards to anticipated procedure times for patients.
- Cath and EP lab: When it came to inpatients waiting longer than 48 hours for their procedure, 52 per cent of them were at St. Paul's Hospital; the Cath lab is at Royal University Hospital. Due to a lack of communication between the Cath lab and units at St. Paul's Hospital, patients waiting at St. Paul's often got "bumped", delaying their procedure and holding up their care but now there has been a 100 per cent improvement in coordination of care and procedures for patients at St. Paul's Hospital.
- Echo: The team focused on making the work in Echo visible and improving communication with the units. As a result, they reduced their set up time for inpatient Echoes and achieved a 60 per cent reduction in inpatient waits. The team also decreased patients wait times for patients waiting longer than two days.
- Repatriation: The number of home transfers continues to be consistent and the weekend repatriation process is now in place. All discharges to home hospitals are following standard work, and our patients, as well as other health regions seem to appreciate the advance notice.


Regional Wait Watch Update - April 2016
Patients Admitted from ED
ED Length of Stay <= 19 Hours
Percentage of Patients Meeting Target
100
80
60
40
20
0
Target = 90%
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16
% Meeting
Target


Regional Wait Watch Update - April 2016
ED Patients Not Admitted - CTAS 1, 2, 3
Meeting an ED Length of stay < = 8 Hours
Percentage of Patients Meeting Target
100
80
60
40
20
0
Target = 90%
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16
% Meeting Target
Target


Regional Wait Watch Update - April 2016
Patients Not Admitted to ED - CTAS 4,5
Meeting an ED Length of Stay <= 4 Hours
Percentage of Patients Meeting Target
100
80
60
40
20
0
Target = 90%
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16
% Meeting Target
Target



Information and Decision Support

Some major achievements and findings of information and decision support team at the end of the 90-day patient flow initiative are highlighted below, along with charts which were used to observe certain metrics through the fiscal year. Ensuring useful, real-time information is at the fingertips of decision makers presented in a visual display that is easy to understand and use.

- Regional data mart repository: A dream for more than 15 years, *90 Days of Innovation* finally allowed the time and resources to implement the repository. The data mart is a foundational tool that takes information from six different patient information systems and presents the information in ways that allows real-time decision making. These include the predictive model flowcast, dashboards and alerts to signal action is needed. Building predictive model dashboards at the unit level with visual signals and warnings has improved planning and preparedness.
- Patient First Management System: Standard work ('how to' instructions) was implemented for cascading huddles to synchronize information flow through the organization. By 9:15 every morning leaders know of any issues that need to be addressed and can take immediate action. The addition of standard work has improved processes, reduced confusion, and greatly improved communication for staffing.
- Cellular model: Manager capacity was improved by creating a support model for the unit and changing manager orientation and ongoing educational sessions to reflect the needs of managers as identified by managers. This allows more time for managers to support point of care staff and physicians in quality, safe healthcare delivery.
- Aligning capacity to demand: The establishment of regional staffing principles helps units to staff to demand and assists units in developing staffing rotations that match the required number of staff to predicted patient demand. In other words, not too few, not too many, just the right number of staff to care for patients.
- Staff and physicians were engaged to redefine how we allocate beds by service between the three Saskatoon acute care sites to match patient needs so patients are in the right bed at the right time. The process is ongoing and has already collected more than 225 ideas.

Better Value

Better Value Strategy

The Better Value strategy is to achieve the best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

This health system priority is ongoing, and as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.

Five-year improvement targets include:

- By March 31, 2016, have delivered results on three high impact capital areas that address high risk for critical failure using alternative funding /delivery options
- By March 31, 2016, common criteria and options for investing are used to vet all capital investments
- All health system partner organizations will be in a balanced or surplus year-end financial position in 2015-16
- Shared services activities will produce $10 million net new savings in 2015-16

Saskatoon Health Region began the 2015-2016 fiscal year with a $42 million shortfall in revenues over expenses excluding the impact of volume or demographic increases. To address this shortfall, the Region focused on:

- a 90-day focus to improve patient flow, length of stay, additional bed capacity and develop a predictive model to proactively manage patient volumes
- enhanced management practices to improve paid hours and initiatives to reduce overtime including an increased float pool of nurses, manager training sessions to better understand projected patient demand and how to staff accordingly, optimized vacation planning to ensure that staff are not all away at times of high demand and vacancy management
- reduced supply costs through provincial procurement initiatives
- maximizing and optimizing resources to match demand for service
- a sustainability plan with initiatives to close the gap between revenue and expenses

The Region experienced volume and demographic pressures in 2015-2016 some of which were offset by mitigating strategies mentioned above. Compared to the previous year, adult and child patient days increased by 1.3 per cent (3,912 days), NICU and newborn days increased by 5.8 per cent (1,094 days), deliveries increased by 2.1 per cent (115 deliveries) and emergency visits increased by 0.2 per cent (258 visits). Discharges increased by 3.7 per cent (1,434) which indicates that we treated 1,434 more patients in comparison to the prior year. The average length of stay for the three Saskatoon acute sites decreased by 2.2 per cent (0.17 days). Regional Home Care nursing visits increased by 12.8 per cent (34,902 visits) and home services visits decreased by 0.7 per cent (4,290 visits).

Total paid sick hours increased from last fiscal year by 5.2 per cent, paid overtime hours decreased by 10.4 percent, orientation hours increased by 3.3 percent and total paid full time equivalents increased by 3.4 percent. Paid hours were 3.6 percent higher than last year for the

first three quarters of the year however the Region saw a significant decrease in this percentage to 1.7 percent in the final quarter of 2015-2016.

The Region received capital funding of $31.33 million of which $14.6 million or 46.7 per cent of capital revenue was provided by funding from the Ministry of Health. The remainder of the funding was received from various sources such as the foundations ($7.5 million), eHealth Saskatchewan ($3.4 million), investment income ($2.5 million) and other funding sources ($3.2 million). The capital expenses for 2015-2016 were $44.52 million including $36.8 million for amortization. The Capital Fund ended the year with a deficit of $13.19 million due to funding received in prior years that was utilized in this fiscal year.

Approximately 24 per cent of the capital spending was spent on medical equipment, diagnostic imaging equipment and information technology while 76 per cent was spent on capital and infrastructure projects.

Better Teams

Better Teams Strategy

The Better Teams strategy is to build safe, supportive and quality workplaces that support patient and family centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

The health system priority is to achieve a culture of safety; by March 31, 2020 there will be no harm to patients or staff.

The five-year improvement target is to fully implement a provincial Safety Alert/Stop the Line process throughout Saskatchewan by March 2018.

Saskatoon Health Region's second 90-day initiative, *Safer Every Day*, was devoted to achieving breakthrough safety approaches. The Region worked on the foundational elements of a strong safety culture – putting on the lens of health equity and safety, and development of stronger partnerships with patients and family advisors and physicians. This initiative was another phase of a strategy to eliminate preventable harm by 2020.

Baseline data showed the need for equitable health outcomes, culturally safe care and a representative work force. A review of Mortality or Hospital Deaths (HSMR) was deemed necessary as data pointed out the Saskatoon Health Region was lagging behind the provincial and natural figures.

There were seven teams dedicated to each area of *Safer Every Day*:

1) Leadership and Management for Safety
2) Team Communications and Performance
3) Mistake Proofing
4) Psychological Safety and Staff Support
5) Building Capacity for Safety and Quality Improvement
6) Clinical Process Improvement
7) Mortality Review

Key accomplishments of the 90-day *Safer Every Day* initiative included:

- Developing capacity: establishing an inter-professional team of trained reviewers including physician reviewers
- Continuing to review all deaths at St. Paul's Hospital
- A safety resource role was trialed on units 4B, 5B and 5A at St. Paul's Hospital; the safety resource applied a risk matrix to Level 2-4 safety events to better anticipate safety incidents
- The safety specialist helped identify safety incidents that were happening across units. Once improvement resulting from this was a discontinuation of drawing venous blood (blood from a vein) from PICC lines (a tube inserted into a vein for medication delivery); this has led to a 100 per cent reduction in hemolyzed or inadequate specimens from this practice on units 4B and 5A
- A process for physicians to work closely with managers to review and resolve safety issues at the unit level also tested; Dr. Bruce Duval volunteered to work with the team to review Safety Alert System physician-related issues
- Information was collected on best practices internal and external to the Region, and a blueprint for implementation of a peer-to-peer support program to assist staff who experience or are involved in an adverse event or critical incident was developed; work continues with the Royal University Hospital emergency department to further engage staff and physicians in shaping the intervention
- A structure for standardized quality improvement and safety training was developed to meet the competency requirements of the Royal College of Physicians and Surgeons
- Sepsis is not always easy to recognize but it is easy to treat if caught early; a sepsis trigger tool was used for sepsis identification and initial response with the goal of meeting a target time of one hour from identification of severe sepsis to first dose of antibiotic administered and a target time of three hours from identification of sepsis to first dose of antibiotic administered; a medical directive was created to provide nurses with clearance from medical staff to take immediate action should symptoms surface
- A standard process was created for timely mortality reviews developed based on leading practices
    - A database was created making it easy to enter information and generate reports
    - Health Equity markers were included to support analysis
    - Reviewers have been trained and an inter-professional team including physicians has been established

"Stop the Line" Safety Alert System

The Region continues its work on further implementation of its Safety Alert System As awareness of the system grows, the level of reporting has increased. Shown below is the number safety incidents mitigated prior to reporting and number of 'good catches':